1232.1.1f – Customer Request for a Brand/Vendor-Specific Waiver of Competition

CASE OF REQUISITION NUMBER: R _________

Please check the appropriate justification(s) below for a waiver of competition, pursuant to the North Carolina Administrative Code (01 NCAC 05B.1401).

1. ☐ Where performance or price competition is not available.
2. ☐ Where a needed product or service is available from only one source of supply.
3. ☐ Where emergency action is indicated.
4. ☐ Where competition has been solicited but no satisfactory offers are received.
5. ☐ Where standardization or compatibility is the overriding consideration.
6. ☐ Where a donation predicates the source of supply.
7. ☐ Where personal or particular professional services are required.
8. ☐ Where a particular medical product or service, or prosthetic appliance is needed.
9. ☐ Where a product or service is needed for the blind or severely disabled and there are overriding considerations for its use.
10. ☐ Where additional products or services are needed to complete an ongoing job or task.
11. ☐ Where products are bought for “over the counter” resale.
12. ☐ Where a particular product or service is desired for educational, training, experimental, developmental or research work.
13. ☐ Where equipment is already installed, connected and in service, and it is determined advantageous to purchase it.
14. ☐ Where items are subject to rapid price fluctuation or immediate acceptance.
15. ☐ Where there is evidence of resale, price maintenance or other control of prices, lawful or unlawful, or collusion on the part of companies, which thwarts normal competitive procedures.
16. ☐ Where the amount of the purchase is too small to justify soliciting competition or where a purchase is being made and a satisfactory price is available from a previous contract.
17. ☐ Where the requirement is for an authorized cooperative project with another governmental unit(s) or a charitable non-profit organization(s).
18. ☐ Where a used item(s) is available on short notice and subject to prior sale.

Funding Source: ☐ State ☐ Trust ☐ Contracts & Grants

Customer’s Statement (please elaborate on your justification(s) designated above by giving specific details):

PLEASE SEE ATTACHED LETTER OF EXPLANATION.

Conflict of Interest Certification: I certify that I am the requesting end user (must be PI for C&G funding sources) and that this requested procurement does not violate the University’s policy on Avoiding Vendor Conflicts of Interest— http://financepolicy.unc.edu/1211. I (or spouse/partner) have ☐ no financial interests or relationships (such as board or volunteer positions, etc.) with the proposed vendor or I (or spouse/partner) have ☐ an interest or relationship with the proposed vendor which has been reviewed through the applicable COI process (approval attached).

Customer’s Signature: ___________________________ Date: __________